



BOROUGH OF GLOSSOP.

---

EDUCATION COMMITTEE.

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# ANNUAL REPORT

OF THE

School Medical Officer

(E. H. Marcus Milligan, M.D., D.P.H.)

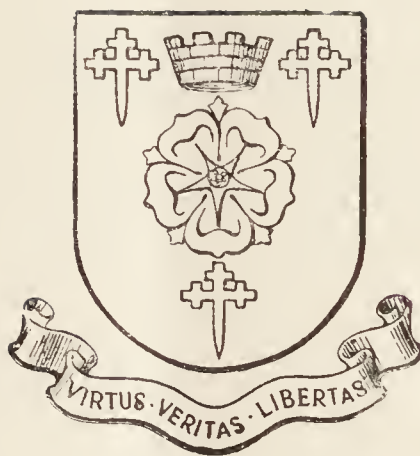
FOR THE YEAR 1929.

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Glossop Printers Limited,  
Telephone, 67.





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Glossop Education Authority.

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**ANNUAL REPORT**  
OF THE  
**School Medical Officer**  
**For the Year 1929.**

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(1) STAFF:

E. H. Marcus Milligan, M.D., D.P.H., School Medical Officer.

Peter Malloch, L.R.C.P. & S., School Oculist

Mary Gallagher, M.B., Surgeon for Nose and Throat Diseases.

Miss Muriel Robertson, L.D.S., School Dentist.

Miss B. Coventry, C.M.B., R. San. Inst. Cert., School Nurse

Mrs. M. Woolliscroft, Fully Trained, C.M.B., Cert., School Nurse

(2) CO-ORDINATION.

(a) Co-ordination with Infant Welfare and Child Welfare Work:—

The School Medical Officer is also Medical Officer of Health and Medical Officer of the Infant Clinics; the School Nurses are also Health Visitors for Maternity and Child Welfare work.

Child Welfare Record Cards are passed on to the School Medical Department.

The School Medical Department, Maternity and Child Welfare Department and the Public Health Department occupy one suite of rooms.

The Maternity and Child Welfare Committee have now arranged that children under school age should in suitable cases have the advantage of attending the School Clinics.

(b) Nursery Schools:—

There are no Nursery Schools in Glossop.

(c) The care of Debilitated Children under School Age:—

Debilitated children are seen at the Welfare Centres and advice is given to mothers regarding their general care; in certain instances mothers are advised to obtain treatment by their own Doctor for their children or to bring them to the Tuberculosis Dispensary.

The Tuberculosis Officer can now send suitable cases to Bretby Hall, an institution belonging to the Derbyshire C.C., conducted on Sanatorium lines.

Our Health Visitors visit children under school age in their homes, and we have also two Welfare Centres which are well attended.

Children under 5 years are called up now for Medical Inspection at the Centres.

Where the children are tubercular or are in contact with tubercular persons the Tuberculosis Care Committee gives free milk.

† Two U.V. Lamps have been presented to the Corporation by the Hospital Committee and are now used for debilitated children as well as for other persons.

(3) SCHOOL HYGIENE.

I submit herewith details of the teaching of hygiene in some of the schools.

† See Page 22.

# SENIOR MIXED SCHOOL (GIRLS) 11+.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
Is a systematic course of hygiene taken through the School?	Incidental teaching in cleanliness of nose, ears, hair, teeth and washing before meals.	Yes.	No.	Not in ordinary lessons, but at the Housewifery Centre.	Yes.	Yes.
How much time per week is assigned on the Time Table for each class or Form to the teaching of hygiene?	No definite time.	Classes 1 and 2, 12—18 lessons per term, $\frac{1}{4}$ hour to each lesson. Classes 3 and 4, 8 lessons of $\frac{1}{4}$ hour each per term.	Hygiene is taken with the science and domestic lessons and is repeatedly referred to in the general school routine.	Senior girls attend Housewifery Centre one day per week.	40 minutes.	Full use is made of every opportunity to inculcate habits of cleanliness of the person and clothing and to stress the value of fresh air, sunlight, wholesome food and to teach self-control.

# SENIOR MIXED SCHOOL (GIRLS) 11+—Continued.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
Is a copy of the Handbook of Suggestions on Health Education supplied to each teacher?	Yes.	Yes.	No.	No.	Yes.	Yes.
Are the lessons given based on the Handbook?	Partly so, and short talks as necessity arises	Yes.	Yes.	No.	Yes.	Yes.
Is a copy of the Syllabus of the Hygiene of Food & Drink supplied to each teacher?	Yes.	No.	No.	No.	Yes.	Yes.
Are the lessons given on this subject based on this Syllabus?	Yes.	—	Yes.	No.	Yes.	Yes.



SENIOR MIXED SCHOOL (GIRLS) 11+--Continued.

Query.	Hadfield C.E.	St Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
How far is health education taught through the other subjects of the school curriculum as outlined on pages 72 to 76 of the Handbook of Suggestions on Health Education?	Occasional talks	Health Education is associated with the ordinary school curriculum in accordance with the suggestion.	English essays on cleanliness. In History and Geogy. as occasion arises. Designs illustrating the clean &unclean. Domestic class and Mothercraft.	Each morning the chief laws of health are dealt with by the Class Teacher.	Incidentally in religious teaching and in History.	This is attended, especially Citizenship.

To what extent. if any, do the girls share in the responsibility for the care of the ventilation & cleanliness of the classrooms, proper condition of the lavatories & sanitary conveniences, and of the playground, etc.?	Girls report anything amiss. Little ones are warned by their elders when necessity arises.	The importance of this is frequently brought to their notice. They respond well and do all they can to assist.	Monitors appointed to ventilation, general cleanliness of classrooms and playground.	Girls encouraged to notice the temperature and the ventilation necessary.	Monitors appointed to report on matters connected with sanitary conveniences and playground.	Two girls in rota supervise the things mentioned; they have definite duties.
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# SENIOR MIXED SCHOOL (GIRLS) 11+—Continued.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
Are any special visits paid bearing on education in matters of health, e.g., visits to water-works, sewage works, dairy farms, etc.?	Health Exhibition. Mothercraft lectures by S.M.O.	Health Exhibition. Mothercraft lectures by S.M.O. and other lecturers.	Health Exhibition. Mothercraft lectures by S.M.O.	Health Exhibition. Mothercraft lectures by S.M.O.	Health Exhibition. Mothercraft lectures by S.M.O.	Health Exhibition. Mothercraft lectures by S.M.O.
State the character and content of the instruction, if any, given in matters of sex?	None.	None.	Only such as is revealed in Nature Study lessons.	None.	None.	Nature Study with juniors.
No. in School	32	28	9	63	21	8

# SENIOR MIXED SCHOOL (BOYS) 11+.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
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Is a systematic course of hygiene taken through the School?	Incidental teaching in cleanliness of nose, hair, ears, teeth & washing before meals.	Yes	No.	No.	Yes.	Yes.
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How much time per week is assigned on the Time Table for each Class or Form to the teaching of hygiene?	No. definite time.	Classes 1 and 2, 12-18 lessons per term (1/2 hour each.) Classes 3 and 4, 8 lessons per term (1/2 hour each).	No definite time on Time Table, but lessons given in connection with Science lessons. Hygiene brought to children's notice in school routine.	No.	Classes 1 and 2, 40 minutes.	Full use is made of every opportunity to inculcate habits of cleanliness of the person and clothing and to stress the value of fresh air, sunlight, wholesome food and to teach self-control.	∞
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# SENIOR MIXED SCHOOL (BOYS) 11+—Continued.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
Is a copy of the Handbook of Suggestions on Health Education supplied to each teacher?	Yes.	Yes.	No.	No.	Yes.	Yes.
Are the lessons based on the Handbook?	Partly so, and short talks as necessity arises	Yes.	Yes.	No.	Yes.	Yes.
Is a copy of the Syllabus of the Hygiene of Food & Drink supplied to each teacher?	Yes.	No.	No.	No.	Yes.	Yes.
Are the lessons given on this subject based on this Syllabus?	Partly so; Teachers' own experience also	—	Yes.	No.	Yes.	Yes.



# SENIOR MIXED SCHOOL (BOYS) 11+—Continued.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
How far is health education taught through the other subjects of the school curriculum as outlined on pages 72 to 76 of the Handbook of Suggestions on Health Education?	Occasional talks	Health education is associated with school curriculum in accordance with the Suggestions.	English essays on cleanliness. In History and Geography when occasion arises. Drawing — illustrating — conditions — contrasting healthy and unhealthy.	Each Monday morning the laws of health are dealt with by the Class Teacher.	Incidentally in religious teaching and history.	This is attended, especially citizenship.

To what extent, if any, do the boys share in the responsibility for the care of the ventilation & cleanliness of the classrooms, proper condition of the lavatories & sanitary conveniences, and of the playground, etc.?	Boys are taught to report anything necessary to ensure cleanliness in lavatories.	The importance of this is frequently brought to their notice. They respond well and do all they can to assist us.	Monitors appointed to attend to ventilation, general cleanliness and playground.	Boys are encouraged to notice the temperature and requisite amount of ventilation necessary.	Monitors appointed to report on matters connected with sanitary conveniences and playground.	The captain and vice-captain are responsible for these including temperature charts.
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SENIOR MIXED SCHOOL (BOYS) 11+—Continued.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
Are any special visits paid bearing on education in matters of health, e.g., visits to water-works, sewage works, dairy farms, etc.	Health Exhibition.	Visits to Health Exhibition. Lectures by the M. O. H. and others.	Visits to Health Exhibition.	Health Exhibition.	Health Exhibition.	Health Exhibition.
State the character and content of the instruction, if any, given in matters of sex.	None.	None given.	Only such as is revealed in nature study.	None.	None.	Nature study for juniors.
No. in School	29	37	17	60	21	10

# JUNIOR MIXED SCHOOLS 11 — and 7 +.

Query.      Hadfield C.E.      St. Luke's.      Padfield.      Whitfield C.E.      Dinting C.E.      Zion.

Is a copy of the Handbook of Suggestions on Health Education supplied to each teacher?

Yes.      Yes.      Yes.      No.      Yes.      Yes.

In what directions and how far is Health Practice and Health Teaching as outlined in Part I of the Handbook carried out?

Incidental teaching re cleanliness of nose, ears, hair, teeth, and washing before eating.

6—8 lessons per term. Each lesson  $\frac{1}{2}$  hour.

General periodical inspections. Clean hands campaign. Handkerchief drill. Talks on cleanliness.

Simple lessons as found necessary.

One lesson of  $\frac{1}{2}$  hour given to each class weekly, simple talks on cleanliness of body and surroundings, fresh air, exercise, sleep, and proper food.

Full use made of every opportunity to inculcate habits of cleanliness of the person and clothing and to stress the value of fresh air and sunlight and to teach self control.

# JUNIOR MIXED SCHOOLS 11 — and 7 +.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
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Is a definite time, apart from (2), assigned on the curriculum to the teaching of hygiene? If so, give particulars of character of course and time allotted?	No.	No, only as stated in query 2.	Part of science scheme, but subject continually referred to.	No.	No	Yes, a weekly period of 35 minutes is allotted to direct instruction of hygiene. The course of lessons is based on the Handbook of Suggestions, on syllabus quoted in 4 and on literature supplied by the Health Week Committee.
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Is use made of any part of the Syllabus of the Hygiene of Food and Drink?	Occasional use made of it.	No.	Yes, talks on temperance given.	No.	Yes, as far as it comes within the capacity of children of this age.	Yes, particularly the part dealing with alcohol.
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# JUNIOR MIXED SCHOOLS 11 — and 7 +.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
To what extent, if any, do the boys and girls share in the responsibility for the care of the ventilation and cleanliness of the classrooms, proper condition of the lavatories and sanitary conveniences, and of the playground, etc.?	Children taught incidentally to be clean in all these things.	The importance of this is brought frequently to the notice of boys and girls. They respond well.	Monitors appointed to carry out these duties.	None, but pupils required to notice temperature and necessary ventilation.	This is left to the senior children of the school.	The senior boys and girls are in turn made responsible for ventilation of classrooms, proper use of lavatories, tidiness of playground. The children respond well.
No. in School	133	111	49	268	84	77

# INFANTS' SCHOOLS.

Query.	Hadfield C.E.	St. Luke's.	Padfield.	Whitfield C.E.	Dinting C.E.	Zion.
	No.	Yes.	Yes.	No.	Yes.	Yes.
Is a copy of the Handbook of Suggestions on Health Education supplied to each teacher?						
In what directions and how far is Health Practice and Health Teaching as outlined in part 1 of the Handbook carried out?	Talks on cleanliness, teeth, hair, washing before meals and care of nose. Posters Exhibited.	Talks when opportunity arises on subject matter of Part 1.	Inspection re hands, hair, ears, face, footwear, etc., Handkerchief drill. Talks on teeth.	Health talks weekly and conversations based on Health posters.	Informal talks once a week for ¼ hour.	Hands, faces and ears examined daily. Use of handkerchief encouraged. Children told to clean teeth and not to bite pencils.
To what extent, if any, do the children share, particularly in regard to cleanliness and orderliness, in the care of the classroom and equipment, lavatories, sanitary conveniences and playground.	Incidental teaching of children.	Children very loyally carry out the wishes and demands of the teachers in these matters.	Monitors to keep room tidy and hang up clothes in the cloakroom.	Children trained to take care of cupboard, apparatus and plants, to prepare toilet rolls from waste paper and to collect litter and put in specially prepared baskets.	Children take turns in looking after school material and seeing to tidiness of rooms.	Children taught to put in baskets all waste material from lessons, lunches, etc.
No. in Schools.	54	94	46	165	62	28

The information was ascertained for the Medical Department of the Board of Education who desired to have an idea of the extent it was being taught.

Several things are clear from the above tables.

- (1) There is considerable variation of the teaching in the schools.
- (2) Sufficient time is not given in some.
- (3) There is no control for the School Medical Department as to what should or should not be taught.

In order to overcome these discrepancies if they are general I suggest that the School Medical Officer should be given some status so that he would be in a position to see that the proper programme of teaching was adopted and also that it was carried out.

If hygiene were taught adequately I am of opinion a vast amount of suffering and disease could be prevented, for many diseases are caused through sheer lack of knowledge and also because hygienic habits have not been encouraged during childhood.

As a Medical Officer of Health of long standing I think that if our young boys and girls started life with an adequate knowledge of the laws of health more good would be done than by enforcing all the Public Health Acts in the Statute book.

#### (4) MEDICAL INSPECTION.

Routine Inspections:—

The age groups inspected are Entrants, Intermediates and Leavers (children over 12 years); children of other ages are occasionally examined for often children miss the inspection at the proper age owing to illness or for other reasons.

There were 809 routine inspections in 1929.

Special Examinations:—

Children referred by parents, teachers, or the nurses or children sent to the Minor Ailment Clinic for treatment are specially examined. There were 611 of these Examinations in 1929.



Re-Examinations:—Children found previously defective are re-examined in school or at the Clinic; there were 1,643 of these Examinations in 1929.

(5) THE FINDINGS OF MEDICAL INSPECTION.

I give herewith a table which shews the percentage of various defects found at routine examinations.

PERCENTAGE DEFECTS FOUND AT MEDICAL INSPECTION, 1929 AND CERTAIN OTHER YEARS.

Year.				1926	1927	1928	1929
No. of Children examined,				919	840	913	808
Malnutrition—Bad (Requiring treatment)				1.5	1.4	2.3	1.2
,, Observation				2.0	4.0	3.5	2.7
Uncleanliness (per Nurses' Inspections)				1.7	2.1	2.6	3.0
Skin—Ringworm—Scalp ... ..				0	0	0.1	0.1
Body ... ..				0	0	0.1	0.1
Scabies ... ..				0	0	0.0	0.0
Impetigo ... ..				0	0.2	0.0	0.1
Other Skin Diseases ... ..				0.1	0.71	0.7	0.4
Eyes—Blepharitis ... ..				0.2	0.5	0	0.1
Conjunctivitis ... ..				0	0	0	0.1
Keratitis ... ..				0	0	0	0.0
Corneal Opacities ... ..				0.3	0.2	0.1	0.0
Defective Vision (excluding Squint)							
(Requiring Treatment) ... ..				5.7	4.7	7.8	6.1
Squint ... ..				0.8	1.1	0.6	0.8
Other conditions ... ..				0.1	0.1	0	0.2
Ears—Defective Hearing ... ..				0.43	0.8	0.4	1.2
Otitis Media ... ..				0.43	0.9	0	0.1
Other Ear Disease ... ..				0	0	0	0.1
Nose and Throat—Enlarged Tonsils only							
(Requiring Treatment) ... ..				3.1	2.5	4.5	2.9
(,, Observation) ... ..				2.8	3.5	6.5	6.0
—Adenoids only							
(Requiring Treatment ... ..				1.7	1.6	3.7	1.1
(,, Observation) ... ..				1.6	2.6	3.6	1.8
—Enlarged Tonsils & Adenoids							
(Requiring Treatment) ... ..				1.4	2.5	1.4	1.1
(,, Observation) ... ..				1.0	2.0	0.8	1.0



Year.	1926	1927	1928	1929
Enlarged Glands (Non-Tubercular)				
(Requiring Treatment ... ..)	4.2	3.9	4.4	2.7
(      ,,      Observation) ... ..	17.9	8.3	8.6	7.8
Defective Speech.				
(Requiring Treatment) ... ..	0.3	0.1	0.2	0.2
Organic Heart Disease				
(Treatment and Observation) ...	1.3	1.5	2.7	1.7
Functional Heart Disease.				
(Treatment and Observation) ...	9.7	10.5	9.3	8.0
Anæmia—(Requiring Treatment) ...	1.5	0.7	1.8	1.3
(      ,,      Observation) ...	1.9	1.6	2.4	1.1
Bronchitis—(Requiring Treatment) ...	0.8	0.4	0.6	0.4
(      ,,      Observation) ...	0.43	0.7	0.9	1.0
Other Non-Tubercular Disease of Lung...	0	0	0	0
Tuberculosis—Lungs (Definite) ... ..	0.3	0.1	0.2	0.4
,,      (Suspected) ... ..	0.43	0.8	0.3	0.6
Glands (Req. Treatment)	0.3	0.1	0.4	0.2
(      ,,      Observation)	0.3	0.3	0.1	0
All other forms ... ..	0	0.1	0	0
Nervous Conditions—Epilepsy ... ..	0	0.1	0.2	0.2
Chorea (Req. Treatment) ... ..	0	0.4	0	0.0
(      ,,      Observation) ...	0	0.2	0	0.1
Other (      ,,      ,,      ) ...	0.1	0	0.3	0.2
Mental Defects (      ,,      ,,      ) ...	0.1	0.3	0.4	0.0
Deformities-Spine (      ,,      ,,      ) ...	0.1	0	0	0.1
Rickets (Req. Treatment) ... ..	0.3	0.2	0.2	0.0
(      ,,      Observation) ...	0.8	0.7	0.4	0.3
Other forms (Req. Treatment) ...	0.8	0.4	0.1	0.7
Other Defects and Diseases.				
(Req. Treatment) ... ..	2.7	4.2	3.8	2.1
(      ,,      Observation) ...	15.7	14.8	15.2	1.0
Of which Goitre (Req. Treatment) ...	1.19	0.7	0.5	0.6
,,      (      ,,      Observation) ...	2.8	1.0	0.9	0.7
Rheumatism (      ,,      Treatment) ...	0.9	3.5	3.1	1.0
(      ,,      Observation) ...	12.9	13.8	14.2	9.1

To compare the findings of Medical Inspection in Glossop with that of other areas I give the table of defects per thousand found in the schools of England and Wales, 1928 (taken from Sir George Newman's report for 1928) and put the Glossop figures alongside them for 1929.

		Incidence of defect per 1000 children (Routine inspected).	
		England and Wales, 1928.	Glossop, 1929.
Malnutrition	...	9.1	12
Skin Disease	...	13.3	8
Defective Vision (Entrants excluded)	...	86.8	86
Squint	...	8.9	8
Other Eye Disease	...	8.6	4
Defective Hearing	...	4.2	12
Otitis Media	...	5.4	1
Enlarged Tonsils and Adenoids	...	63.0	51
Other Ear, Nose & Throat Defects	...	6.4	4
Heart Disease — Organic	...	1.8	17
Lung Disease—			
Tuberculosis definite	...	0.3	4
Pulmonary suspected	..	1.1	6
Non-Pulmonary	...	1.0	2
Disease of the Nervous system	...	9.0	2
Deformities	...	1.9	8

In the code groups 22.1 children were found in 1929 to require treatment as compared with 25.9 in 1928, 24.8 in 1927 and 30.1 in 1926 and 26.9 in 1925, 28.8 in 1924, 25.7 in 1923. The table appended gives the percentage of defects in 1926, 1927, 1928 and 1929.

From this Table it will be seen that certain defects are more prevalent in Glossop than in England and Wales. These defects are: — Heart Disease, Tuberculosis, ~~and Ear, Nose and Throat Diseases.~~

## (6) THE CONTROL OF INFECTIOUS DISEASES IN THE SCHOOLS.

No schools were closed on account of outbreaks of Infectious Disease in 1929.

All Diphtheria contacts and convalescents are seen by the S.M.O., who is also M.O.H., before returning to school and swabs are taken; the general procedure being in the case of convalescents there must be 3 consecutive negatives and in the case of contacts one and no sign of an inflammatory condition of the nose and throat.

Scarlet Fever convalescents and contacts are also examined before return to school by the S.M.O., but in this case a private doctor's certificate of freedom from infection is accepted.

## (7) FOLLOWING UP.

Children with defects are followed up by (1) Visits by the Nurses. (2) Calling up previously defective children to the Clinics or for examination. (3) By re-examination of previously defective children in school.

## SCHOOL NURSING AND THE CARE OF THE PRE-SCHOOL CHILD.

5200 examinations were made in schools of children regarding cleanliness and 158 children were found unclean; average visits per school, 3.

Visits are paid to the houses of children for following up purposes, and also for the supervision of children operated on for Enlarged Tonsils and Adenoids.

## (8) MEDICAL TREATMENT.

Defects.	Mode of Treatment Available.	No. Treated.	Treatments.
(a) Minor Ailments.	Minor Ailments Clinic.	171	2345
(b) Diseased Tonsils and Adenoids.	Private Doctors	5	—
	Tonsil and Adenoid Clinics at Wood's Hospital	48	—
(c) Tuberculosis.	Private Doctors	—	—
	Tuberculosis Dispensary	—	—
(d) Skin Diseases	Minor Ailments Clinic.	56	—
(e) External Eye Disease.	Minor Ailments Clinic.	19	—



Defects.	Mode of Treatment Available.	No. Treated.	Treatments.
(f) Vision.	Ophthalmic Clinic	79	—
(g) Ear Disease and Hearing.	Minor Ailments Clinic	21	—
	No definite arrangements for operations.		
	Hospital.	2	—
(h) Dental Defects.	Dental Clinic	747	2362
(i) Cripples.	Orthopaedic Clinic.	23	—
(j) Goitre.	Clinic.	7	—
(k) U.V. Ray Clinic.		42	—

Attendances at Minor Ailment Clinic, 2345.

The above table gives the number of children treated at the Clinics during 1929.

#### DENTAL CLINIC.

A full time Dentist is now employed jointly by Hyde and Glossop Education Committees in the proportion of 7/11 of the time for Hyde and 4/11 for Glossop.

#### DENTAL REPORT, 1929.

During 1929 Dental Inspections have again been held in the Elementary Schools in the Borough and the work of the Dental Clinic compares favourably with that of previous years.

The average attendances at the Clinic are good, showing that the parents continue to appreciate the facilities provided for Dental Treatment for their children.

It may be noted that the average number of extractions has fallen a good deal (which is due to the following up treatment in the various age groups). More time has been given to conservative work, and it is gratifying to note the number of young mothers who bring their children to the Clinic at regular intervals for examination. This, I feel sure, is due to the work of the Medical Officer, and Health Visitors in the Welfare Centre.

MURIEL ROBERTSON, L.D.S., Dentist.

#### U.V. RAY CLINIC.

I give herewith tables giving details of the cases (School Children) treated at the Ultra Violet Ray Clinic:—



# ULTRA VIOLET RAY CLINIC: DETAILS OF CASES.

Age.	Sex.	Disease.	No. of Exposures.	Length of Treatment.	Maximum Exposure.	Weight Gained.	Result.
8½	M.	Suspect T.B. Bronchial Glands	17	9 weeks	15 minutes	3lb. 2oz.	Has never been so free from colds in the Winter.
10	F.	Goitre	15	9     "	14     "	3lbs.	Condition unchanged (neck 10½ ins. before and after).
12	M.	Acidosis	16	9     "	15     "	No gain in weight.	No attacks of sickness after treatment, previous attacks fortnightly. Cured.
9	M.	T.B. Peritoneum	16	8     "	15     "	No gain in weight.	Abdomen 1 in. less.
12	F.	Malnutrition	16	10   "	15     "	No gain in weight.	Unchanged, overcrowded home.
9	F.	Anæmia and loss of appetite	15	8     "	15     "	3lbs 10ozs.	Gained weight, colour better, eats better.
11	F.	Rheumatism of Shoulder	16	9     "	15     "	No gain in weight.	No pain after treatment. Cured.
6	M.	Enlarged Glands after Whooping Cough	24	3 months	15     "	3lbs.	Glands smaller. Eats a lot better.
8	M.	Malnutrition	15	7½ weeks	15     "	Weight unchanged.	Glands smaller.
4½	M.	Croup, attacks fortnightly	15	7½   "	15     "	3lbs.	No attacks after treatment.

# ULTRA VIOLET RAY CLINIC—Continued.

Age.	Sex.	Disease.	No. of Exposures.	Length of Treatment.	Maximum Exposure.	Weight Gained.	Result.
9	F.	Enlarged Glands and Malnutrition	17	8½ weeks	15 minutes	No gain in weight.	Glands smaller, appetite improving.
10	M.	Tubercular Glands	18	9 "	15 "	4lbs.	Glands smaller, but enlarged again some months later.
12	F.	Goitre	12	6 "	12 "	3lbs. 5ozs.	Goitre larger.
11	F.	Chilblains and Neuritis	18	9 "	15 "	No gain in weight.	Chilblains cured.
8	M.	Enlarged Glands	14	7 "	14 "	1lb. 13ozs.	Glands smaller.
9	F.	Asthma (Bronchial)	16	8 "	15 "	No gain in weight.	Asthmatical attacks less and no cough after treatment.
8½	M.	Suspect Phthisis	16	8 "	15 "	2lbs. 6ozs.	No pains after treatment.
4½	M.	Rheumatism	26	4 " (treatment interrupted)	13 "	No gain in weight	Glands disappeared and appetite good.
4½	M.	Enlarged Glands after Whooping Cough, Loss of Appetite	23	3 months (treatment interrupted)	13 minutes	2lbs.	Insomnia cured.
13	F.	Insomnia	21	5 months (treatment interrupted)	10 minutes	3lbs.	General improvement, getting on well at school.
7½	F.	Infantalism	15	7½ weeks (second course of treatment)	15 minutes	1lb.	

# ULTRA VIOLET RAY CLINIC—Continued.

Age.	Sex.	Disease.	No. of Exposures.	Length of Treatment.	Maximum Exposure.	Weight Gained.	Result.
7 $\frac{2}{12}$	F.	Enlarged Glands and Debility	21	10 weeks	15 minutes	No gain in weight.	Glands almost disappeared, appetite better and better in spirits.
8	F.	Enlarged Glands	18	10 weeks	16 minutes	7lbs.	Glands improved.
12 $\frac{1}{2}$	M.	Bronchitis	28 (treatment interrupted)	3 months	15 minutes	No gain in weight.	Bronchitis cured.
8	M.	Enlarged Glands	27	3 months	13 minutes	1lb. 7ozs.	Glands cured.
8 $\frac{1}{2}$	F.	Debility, frequent colds and headaches	17 (treatment interrupted)	4 months	8 minutes	2lbs.	No symptoms after treatment.
10 $\frac{4}{12}$	M.	Enlarged Glands	29 (treatment interrupted)	4 months	15 minutes	5lbs. 2ozs.	Glands smaller.
4	F.	Rickets & Knock Knee	21 (treatment interrupted)	2 $\frac{1}{2}$ months	15 minutes	2lbs.	Legs straighter.
13	F.	Enlarged Glands	20	3	7	7lbs.	Glands cured.
8	M.	Old Rickets. Bronchial Catarrh.	26	3 $\frac{1}{2}$	14	2lbs.	No catarrh after treatment.
10	F.	Rheumatism (Hands & Feet).	28 (treatment interrupted) Red Rays for 2 months (20 minutes).	4	15	3lbs.	Rheumatism cured.

# ULTRA VOILET RAY CLINIC—Continued.

Age.	Sex.	Disease.	No. of Exposures.	Length of Treatment.	Maximum Exposure.	Weight Gained.	Result.
12	M.	T.B. Cornea	27	4 months (treatment interrupted).	12 Minutes		Eye cured.
5 $\frac{4}{12}$	M.	Enlarged Glands (after Influenza).	24	3 months	15 minutes	1lb.	Glands improved, appetite improved. (Slow response to treatment at first).
8	M.	Alopecia	16	8 weeks (General & Local).	15 minutes		Greatly improved.
8	F.	Debility and Heart weakness.	16	8 weeks	15 minutes		Eats better and is stronger.
12	M.	Asthma (bronchial) and Rheumatism.	16	8	15		Pains better and no attacks of Asthma.
12	F.	Bronchitis.	12	6 $\frac{1}{4}$	13		Bronchitis cured.
11	M.	Insomnia & nervous twitching. Profuse perspiration not T.B.)	19	2 $\frac{1}{2}$ months (treatment interrupted).	12		Insomnia less, twitching less and less sweating.
12	F.	Partial Paralysis of shoulder muscles and muscles of arm and hand.	15	7 $\frac{1}{2}$ weeks preceded by 7 exposures to Murray Levick Lamp (20 minutes).	15 months		Movements better and muscles stronger.



## (9) OPEN AIR EDUCATION.

There is no open air school in Glossop; it would, in my opinion, be a good thing to have a school of this sort despite our climate. There are excellent schools of this nature at Sheffield and Barnsley which I have seen. The weather conditions there are somewhat similar to Glossop, and I see no reason why we should not have an open air school here as far as climatic conditions are concerned.

## (10) PHYSICAL TRAINING.

The appointment of chief instructor in Physical Training was discontinued in 1929.

## (11) PROVISION OF MEALS.

Children now receive Milk in school either by paying (1d. a day) or free, if they are recommended to have it by the School Medical Officer, and their parents cannot pay.

The number of free milk meals given in 1929 was 21,360 at a cost of £121 19d. 9d.

The amount generally given is about  $1\frac{1}{3}$  pint, and the average number having milk daily is about 30% of all school children. All Tubercular children are given a pint.

As mentioned above most of them pay 1d. daily, there being in each school what one might call a Milk Club for the purpose.

## (12) SCHOOL BATHS.

The various schools in rotation use the Baths.

The water for the Baths is filtered and chlorinated; care is taken by the teachers to see that the children are clean.

Children with running ears and infectious sores and such like condition are excluded from going to the Baths.

## (13) CO-OPERATION OF PARENTS.

The method of co-operation was given in detail in the 1926 report, pages 16, 17 and 18.

## (14) CO-OPERATION OF TEACHERS.

The teachers report to us special children who require examination, send out the notices for medical inspection and confer with the S.M.O. regarding children requiring special attention.

In most schools now some form of instruction in Hygiene is given to the pupils, and the teachers attend the lectures given by the M.O.H. on this subject in order that what they teach will be in keeping with the advice given at the Welfare Centre.

## (15) CO-OPERATION OF ATTENDANCE OFFICER.

The Attendance Officer lets us have the names of children absent from school who may require examination to see when they are fit to return; and in times of outbreak of disease he gives valuable help in tracing missed cases and dealing with contacts.

(16) Co-operation is carried out with the N.S.P.C.C. and also with the Tuberculosis Care Committee. The latter Committee gives free milk to tubercular school children during holiday time.

## (17) BLIND, DEAF AND EPILEPTIC CHILDREN.

There is one boy at an Institution for the blind, and there are two deaf children and one epileptic child who should have institutional care, all three are mentally defective.

## (18) NURSERY SCHOOLS.

There are none in the Borough.

## (19) EMPLOYED CHILDREN.

There were 26 children examined during the year. 24 were for distributing papers and 2 for delivering meat.

Care was taken to see each child had suitable clothing.

SPECIAL INQUIRY *RE* RHEUMATIC STIGMATA AND ASSOCIATED DEFECTS.

In last year's report I gave details concerning Rheumatic Stigmata, and associated conditions and tables were given showing how the defects were associated together in each child examined.

During 1929 I examined 808 regarding the incidence of Rheumatic Stigmata, and I found Stigmata present in 82, or 10%, as compared with 17.4% in 1928 and 15.1% in 1927.

In the detailed investigation made in 1927 the defects I found associated with Rheumatic Stigmata were, as given below, compared with children who had no Rheumatic Stigmata.

	1927.		1929.	
	Children with Rheumatic Stigmata.		Children with Rheumatic Stigmata.	
	151.		849.	122.
Nose & Throat Defects	18.5	.....	10.2	..... 28.0
Enlarged Glands	... 27.0	.....	15.1	..... 14.0
Heart Defects	.. 25.8	.....	7.8	..... 34.0
Goitre	... .. 3.9	.....	2.8	..... 2.2
Lung Defects	... .. 5.3	.....	2.8	..... 2.2
Bad Teeth	... .. 42.3	.....	34.6	..... 30.0

Regarding Rheumatic Stigmata among children with Nose and Throat defects; in 1928 among 115 children with Nose and Throat defects 24.3 had Rheumatic Stigmata as compared with 13.8 cases of Rheumatic Stigmata found among 885 children with no Nose and Throat defects. In order to check this off I took the case sheets of 49 children who had been operated on for Enlarged Tonsils and Adenoids and in whom the condition had been confirmed, and found that the percentage of Rheumatic Stigmata in these children was 22.4%.

In 1929 I investigated the incidence of Rheumatic Stigmata in 42 children operated on for Enlarged Tonsils and Adenoids and found it to be 19%. To sum up in Glossop we found that about 15% of all children have Rheumatic Stigmata, and that these children with Rheumatic Stigmata have a much greater incidence of Nose and Throat defects, *e.g.*, 18.5% in 1927 and 28% in 1929, as compared with 10.2 in all other children in 1927. Taking it the other way round we find that in 1928 among 49 children operated on for Enlarged Tonsils and Adenoids 22.4% had Rheumatic Stigmata as compared with 13.8% in children who



had no nose and throat defects, and in 1929 among 42 children operated on for enlarged Tonsils and Adenoids 19% had Rheumatic Stigmata as compared with 9.6% among children with no nose or throat defects.

It would appear then from the 3 years' investigation that there is a close association between Nose and Throat defects and Rheumatic Stigmata.

If we consider Heart Defects we find that in 1927 25.8% and in 1929 34% of children with Rheumatic Stigmata had Heart defects as compared with 7.8 in all other children.

Among 42 children operated on for Enlarged Tonsils and Adenoids in 1929 14% had Heart defects, the percentage of Heart defects among all children being 9.7.

It would appear therefore that there is a close association between Rheumatic Stigmata, Nose and Throat Defects and Heart Disease.

Which is the primary defect? That is a difficult thing to say, but it is most likely that the Nose and Throat condition is the cause of Heart Disease and Rheumatism rather than vice versa unless some common cause is responsible for all.

What that common cause is I have not yet ascertained, probably it is bad mothering, including a defective dietary.

I am trying to find out how far bad mothering and defective dietary is responsible, but the investigation must take some years.

I also asked for co-operation from one of the teaching Universities in the investigation but, I regret to say, I was unable to obtain this.



## BOROUGH OF GLOSSOP.

1929.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

## A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

*(see note b).*

Entrants	...	...	...	...	...	...	298
Intermediates		...	...	...	...	...	303
Leavers	...	...	...	...	...	...	204

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Total	...	...	...	...	...	...	805
-------	-----	-----	-----	-----	-----	-----	-----

Number of other Routine Inspections	...	...	...	...	...	...	3
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*(see note c).*


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Total	...	...	...	...	...	...	808
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## B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	611
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*(see note d).*

Number of Re-inspections	...	...	...	...	...	...	1643
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*(see note e).*


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Grand Total	...	...	...	...	...	...	3062
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Table II.—A. Return of Defects found by Medical Inspection in Year ended 31st December.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition ... ..	10	29	27	—
	Uncleanliness (See Table IV., Group V).	—	—	—	—
Skin	Ringworm :				
	Scalp ... ..	1	1	12	—
	Body ... ..	1	1	13	—
	Scabies ... ..	—	—	—	—
	Impetigo ... ..	1	—	23	—
	Other Diseases (non-Tubercular)	4	2	5	—
Eye	Blepharitis... ..	1	2	16	—
	Conjunctivitis ... ..	1	1	1	—
	Keratitis ... ..	—	—	—	—
	Corneal Opacities .	—	—	2	—
	Defective Vision (excluding Squint) ... ..	50	4	3	—
	Squint ... ..	4	3	2	—
	Other Conditions ... ..	2	—	—	1
Ear	Defective Hearing ... ..	10	—	12	—
	Otitis Media ... ..	1	—	16	—
	Other Ear Diseases ... ..	1	—	—	—
Nose and Throat	Enlarged Tonsils only ... ..	24	49	7	1
	Adenoids only ... ..	9	15	2	1
	Enlarged Tonsils and Adenoids	9	8	39	—
	Other Conditions ... ..	5	3	4	—
	Enlarged Cervical Glands (Non-Tuberculous)	22	63	8	1
	Defective Speech ... ..	2	—	—	—
	Teeth—Dental Diseases (see note a) (see Table IV, Group IV).	—	—	—	—

TABLE II.—*continued.*

(1)					(2)	(3)	(4)	(5)	
Heart and Circulation	{	Heart Disease .							
		Organic	...	...	...	14	—	11	—
		Functional	...	...	...	—	65	—	1
		Anæmia	..	...	...	11	9	5	—
Lungs	{	Bronchitis	...	...	...	4	8	1	—
		Other Non-Tubercular Diseases				—	—	1	—
Tuber- culosis	{	Pulmonary :							
		Definite	...	...	...	3	—	—	—
		Suspected	...	...	...	1	4	—	1
		Non-Pulmonary :							
		Glands	...	...	...	2	—	2	—
		Spine ..	..	...	...	—	—	—	—
		Hip	...	...	...	—	—	—	—
		Other Bones and Joints	..			1	—	—	—
		Skin	...	...	...	—	—	—	—
		Other Forms...	...	...	—	—	2 (eye)	—	
Nervous System	{	Epilepsy	...	...	...	2	—	—	—
		Chorea	...	...	...	—	1	1	—
		Other Condition	...	...	...	1	1	—	—
		Mental Defects	...	...	...	—	—	4	16
Deformities	{	Rickets	...	...	...	—	3	—	—
		Spinal Curvature	...	...	...	1	—	1	—
		Other Forms	...	..	...	6	3	2	—
		Knock Knee	...	...	..	—	—	—	—
Other Defects and Diseases		Of which Goitre	..	..	..	17	80	80	—
		Rheumatism	..	..	..	5	6	7	—
						8	74	1	3
		Gastro-Enteritis	..	..	..	1	—	—	—
		Mumps	..	..	..	2	—	—	—
		Worms	..	..	..	1	—	—	—
		Chronic Appendicitis	...			1	—	1	—
		Miscellaneous Injuries							—
		and Sores	...			—	—	71	—
									—
									—
									—

B. NUMBER OF *individual children* (see note b) FOUND AT *Routine MEDICAL INSPECTION TO REQUIRE TREATMENT* (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS) ... 178

Group.	Number of Children.		Percentage of Children found to require treatment. See note d.
	Inspected See note c.	Found to require treatment.	
1	2	3	4
CODE GROUPS :			
Entrants .. ..	298	55	18.4
Intermediates ..	303	64	21.1
Leavers .. ...	204	59	28.9
Total (code groups) ...	805	178	22.1
Other routine inspections ..	3	—	—

Table III.—Return of all Exceptional Children in the Area (see Note a).

			Boys	Girls	Total
Blind (including partially blind). See Note b	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools See Note c. At oth'r Institutions At no School or Institution ...	1 — — —	— — — —	1 — — —
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools See Note c At oth'r Institutions At no Schools or Institution	— — — —	— 1 — —	— 1 — —
Deaf and Dumb (including dumb and partially deaf). See Note d.	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... See Note c. At other Institutions ... At no School or Institution..	— *2 — — —	— 2 — — —	— 4 — — —
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... See Note c. At other Institutions ... At no School or Institution..	— — — — —	— — — — —	— — — — —
Mentally Defective	Feeble Minded (cases not notifiable to the Local Control Authority) See Note E.	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools .. See Note C. At other Institutions ... At no School or Institution	— 4 2 3	1 3 1 —	1 7 3 3

\* Also Mentally Defective.



TABLE III.—*continued.*

			Boys	Girls	Totals
Mentally Defective — <i>contd.</i>	Notified to the Local Control Authority <i>during the year</i>	Feeble minded Imbeciles Idiots	— — —	— — —	— — —
Epileptics.	Suffering from epilepsy which is severe. See Note f.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	2	2	4
		Attending Public Elementary Schools ... .. See Note c. At no School or Institution... ..	— *1	—	— 1
Physically Defective	Suffering from epilepsy which is not severe. See Note g.	Attending Public Elementary Schools .. .. See Note c. At no School or Institution ...	— —	—	— —
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	1	3	4
		At oth'r Institut'ns At no School or Institution... ..	— —	—	— —
	Non-Infectious but active pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	1	2	3
		At Certified Residential Open Air Schools ... ..	—	—	—
		At Certified Day Open Air Schools At Pt Public Elem. Schools, See Note c.	— 10	— 5	— 15
		At other Institut'ns At no School or Institution	— 1	— 1	— 2

\* Also Mentally Defective.

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective	Delicate children <i>e.g.</i> , pre or latent tuberculosis mal-nutrition, debility, anæmia, &c. See Note h.	At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools...	—	—	—
		At Public Elementary Schools ...	125	72	197
		See Note c			
		At other Institutions	—	—	—
	† Active non-pulmonary tuberculosis. See Note h.	At no School or Institution...	—	—	—
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	5	5	10
		See Note c			
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease. See Note h.	At other Institutions	—	—	—
		At no School or Institution...	—	—	—
		At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
	See Note c.	At Public Elementary Schools ...	10	9	19
		At other Institutions	—	—	—
		At no School or Institution...	1	2	3

† Other than tuberculosis of lungs and glands.

Table IV.—Return of Defects Treated during the  
Year ended 31st December.

(See note a).

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS, excluding Uncleanliness, for which  
see Group 5.

Disease or Defect.  1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. See Note b. 2	Otherwise. 3	Total. 4
SKIN :—			
Ringworm—Scalp ... ..	12	—	12
Ringworm—Body ... ..	13	—	13
Scabies ... ..	—	—	—
Impetigo ... ..	23	—	23
Other skin disease ... ..	5	—	5
MINOR EYE DEFECTS ... ..	17	—	17
External and other, but excluding cases falling in Group II.			
T.B. Eye... ..	2	—	2
MINOR EAR DEFECTS See Note c.			
Otorrhoea .. ..	15	—	15
Deafness .. ..	6	2	8
Other Ear .. ..	—	—	—
Glands .. ..	—	60	60
Goitre .. ..	10	—	10
MISCELLANEOUS			
e.g., minor injuries .. ..	68	2	70
chilblains .. ..		—	
Total ... ..	171	64	235

No. of Attendances at Minor Ailments Clinic ... .. 2345

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT, excluding Minor Eye Defects treated as Minor Ailment—Group I.

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme. See Note b.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
1	2	3	4	5
Errors of Refraction, including Squint. Operations for squint should be recorded separately in the body of the Report.	83	—	—	83
Other Defect or Disease of the eyes, excluding those recorded in Group I.	—	—	—	—
Total ... ..	83	—	—	83

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... .. 79

(b) Otherwise ... .. —

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... .. 79

(b) Otherwise ... .. —

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. [See Note b.]	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
1	2	3	4	5
43	5	48	—	48



TABLE IV.—*continued.*

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Group .....	4—	25	Total 1479
	5—	184	
	6—	201	
	7—	247	
	8—	296	
	9—	289	
	10—	178	
	11—	54	
	12—	4	
	13—	1	
	14—	—	

Specials (*See note d*). ... .. 208

Grand Total ... .. 1687

(b) Found to require treatment ... .. 1163

(c) Actually treated ... .. 747

(d) Re-treated during the year as the result of  
periodical examination ... .. 251

(*See note e*).

(2) Half-days devoted to—Inspection ... .. 14  
Treatment ... .. 152

Total ... .. 166

(3) Attendances made by children for treatment ... .. 1332

(4) Fillings ... .. Permanent teeth 554  
Temporary teeth 166

720

(5) Extractions ... .. Permanent teeth 143  
Temporary teeth 1304

1447 of which 276 septic

(6) Administrations of general anæsthetics for extractions ..... 0

(7) Other operations ... .. Permanent teeth 195  
Temporary teeth 0

195

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*See Note f*).

(i) Average number of visits per school made during the year by the  
School Nurses..... 3.

(ii) Total number of examinations of children in the Schools by School  
Nurses..... 5200.

(iii) Number of children found unclean..... 158.

(iv) Number of children cleansed under arrangements made by the  
Local Education Authority..... 0.

(v) Number of cases in which legal proceedings were taken:

(a) Under the Education Act, 1921 ... .. 0

(b) Under School Attendance Bye-laws ... .. 0

\* 9 to 14 are periodical re-examinations.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING  
THE YEAR ENDED DECEMBER 31st, 1929 BY THE LOCAL  
EDUCATION AUTHORITY TO THE LOCAL MENTAL  
DEFICIENCY AUTHORITY.

Total number of Children notified, Nil

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:		
(a) Idiots ... ..		
(b) Imbeciles ... ..		
(c) Others ... ..	Nil	Nil
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral defectives ... ..		
(b) Others ... ..		
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ... ..	Nil	Nil
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, i.e., "special circumstances" cases...	Nil	Nil
4. Children who in addition to being mentally defective were blind or deaf	Nil	Nil
Grand Total... ..	Nil	Nil



